

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000004631

Entity Name: SILVER OAK CASUALTY, INC.**Current Principal Place of Business:**2301 HWY 190 WEST
DERIDDER, LA 70634**Current Mailing Address:**2301 HWY 190 WEST
DERIDDER, LA 70634 UN**FEI Number:** 72-1215354**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER OF THE STATE OF FLORIDA
200 EAST GAINES STREET
TALLAHASSEE, FL 32399 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, DIRECTOR, PRESIDENT
Name FROST, G. JANELLE
Address 2301 HWY 190 WEST
City-State-Zip: DERIDDER LA 70634

Title DIRECTOR, EXECUTIVE VICE
PRESIDENT, CFO, TREASURER
Name OMIRIDIS, ANASTASIOS
Address 2301 HWY 190 WEST
City-State-Zip: DERIDDER LA 70634

Title SECRETARY, DIRECTOR, EXECUTIVE
VICE PRESIDENT, CHIEF
ADMINISTRATIVE OFFICER
Name SHIRLEY, KATHRYN H
Address 2301 HWY 190 WEST
City-State-Zip: DERIDDER LA 70634

Title DIRECTOR, EXECUTIVE VICE
PRESIDENT, CHIEF RISK OFFICER
Name GAGLIANO, VINCENT J
Address 2301 HWY 190 WEST
City-State-Zip: DERIDDER LA 70634

Title DIRECTOR, SENIOR V.P. OF CLAIMS
OPERATIONS
Name LESTAGE, IV, HENRY O
Address 2301 HWY 190 WEST
City-State-Zip: DERIDDER LA 70634

Title SENIOR VP, CONTROLLER,
DIRECTOR
Name PEARSON, ANGELA
Address 2301 HWY 190 WEST
City-State-Zip: DERIDDER 70634

Title DIRECTOR
Name HOOK, SHANE
Address 2301 HWY 190 WEST
City-State-Zip: DERIDDER 70634

Title DIRECTOR, EXECUTIVE VICE
PRESIDENT, CHIEF SALES OFFICER
Name WISE, RAYMOND
Address 2301 HWY 190 WEST
City-State-Zip: DERIDDER LA 70634

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA PEARSONCONTROLLER/ SENIOR
V.P.

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date